

OHA Advisory Committee Meeting

August 19, 2015

12:00-12:30 pm

(3rd Quarter meeting)

Meeting Summary

Meeting convened at 12:05 pm

Attendance: Members Present – Mark DeWaele, Dina Berlyn, Steve Karp
Members Absent – Keith Stover, Gary Collins
One Vacancy

1. Welcome & Approval of Agenda

- Agenda approved –
 - V.V. motion to approve the Agenda. DB seconded the motion.
 - V.V. motioned to approve the Minutes of the Meeting of April 21, 2015. M.D. seconded the motion.

2. Administration Report

a. Budget

- V.V. reported that there were no cuts to OHA's budget and SIM and all positions have been maintained. The Governor's budget proposed no cuts to OHA or SIM and the Appropriations Committee agreed with the Governor's proposed budget. However, the Commission on Health Equity (COHE) position was put back into OHA's budget through the Implementer Bill. V.V. reported that the Auditors report indicated that the COHE should be housed in a Department and in accordance with the Auditors, will work on moving COHE during the next legislative session. CID will act as the administrator for COHE.
- V. V. reported that she is waiting for the final budget worksheets from OFA. Once she receives them she will forward to all members.

b. Personnel

- D.P. reported that we have hired a Nurse Advocate, Melinda Kraft; V.W. reported that we have hired a Nurse Advocate, Christine Maura. Melinda was previously at ConnectiCare and Christine was previously at Genesis.
- V.V. reported that OLR had agreed to allow P-1 staff to work 40 hours per week. OLR negotiated this with the 1199 Union and current staff were given a one time election. Several staff opted to go to the 40 hours. The extra money from PS and Fringe was utilized for this increase.

c. Project reports

- Access Health CT - V.W. reported that OHA is receiving 30-50 calls per week on AHCT related issues. There is a daily tracking sheet that is sent daily to AHCT to monitor the cases and volume.
- AHCT & DSS – V.V. reported that approximately 18,000 Husky A adults will be transitioned into a QHP after a year – they should file a TMA; OHA is part of the working

with AHCT and DSS to assist and review notices and call scripts; DSS will reach out via one to one phone calls to the approximately 1,300 people who will be termed from Husky A this year.

- CAP Grant – V.V. reported that the outreach staff member funded under the grant will be ending on 9/25/15; a decision was made that OHA already has a full time outreach coordinator and it made better sense to extend out the Staff Attorney 2 funded under the grant.
- DCF Project – V.W. explained the new process with the Careline which has increased the case volume into OHA; the Nurse Advocate and Nurse Consultant have been conducting more outreach to the DCF area offices which has also helped increase the volume; they will now begin increasing their outreach to providers; the MOU with DCF was extended and executed
- DDS Project – V.W. reported that this project has been a bit slow in start up; OHA has begun outreach to DDS providers to encourage more referrals. The slow down could be due to the budget cuts to DDS.
- V.V. stated that the R.I. CAP program contacted her to obtain information about our project with DCF and DDS to replicate it in R.I. V.V. also stated that OHA will be exploring a similar project with DMHAS.
- Duals Demonstration Ombudsman Grant - LM reported that this project has been on hold while DSS completes its process with CMS. Due to this being cut from the budget, DSS revised their proposal and submitted a Model One proposal to CMS which is currently being reviewed and hopeful that DSS will have an MOU with CMS. Once that is completed, then OHA can negotiate the grant funding and begin the Ombudsman program. L.M. also reported that a grantee meeting will be held the end of September in Washington D.C. which we plan on attending.
- Behavioral Health Clearinghouse – V.W. stated that the project is moving forward slowly, the two staff assigned to this project have been going door to door, attending conference, meeting with different groups to bolster interest. They continue to work with the Mental Health Association and are looking at grant funding to get a call center and website up and running. There is no funding from the carriers but D.F. is continuing to work on that. To date there are 329 providers signed up. They will also be conducting Focus Groups in the Fall.

3. Consumer Relations Report (Data Report) – L.M. provided an overview of the data; Savings has increased in part to our continued training with staff and revision of savings calculations and protocol. The total cases count in comparison to the 2nd quarter of 2014 shows a slight decrease, however, in comparison to the 2nd quarters of 2012 and 2013 the case volume has doubled. The highest clinical categories continue to be Mental Health, Medical and Information/Education. The Information/Education is mostly due to the increase call volume on people having application issues through AHCT. The Husky case volume has dropped significantly since last quarter. L.M. reported that we will continue training of staff on data collection. OHA's outreach has increased significantly with over 700 outreaches conducted in the FY 2014-2015. V.V. indicated that it is difficult to target people who haven't come to OHA for assistance; we have been working with a media consultant to try and target those populations. V.V. reported that the CLAS assessment was completed and were surprised by the response. V.V. also reported that we are working with DPH on CLAS standards and we now have two Spanish speaking staff members.

4. Legislative/Legal Report – V.V. reported that we are exploring/pushing the envelope on mental health and substance use and Parity issues. V.V. has been involved with the Parity Implementation Coalition and attended the Kennedy Forum on mental health parity recently. There is a lack of enforcement because people don't know how to identify the issues. V.V. received a response this week from the U.S.

DOL on some enforcement actions. This is consistently the highest area of cases into OHA. V.V. is also working with the Child Advocate regarding emergency rooms and kids being held up/backed up. V.V. indicated the D.F. would send the legislative wrap up via email to the members.

V.V. stated that the biggest piece of legislation this year was PA 1514/SB 811 – 11 bills condensed into one. Some of the items in the PA:

- Surprised billing – facility may be in network but provider is out of network
- Facility Fees –
- Establishes a Health Information Technology council
- Cost containment efforts
- Two studies – working group with CID & Comptroller on healthcare pricing and variations.

D.B. included in this PA is off label use of drugs with proven efficacy for chronic, disabling and life threatening disease. It also strengthens the peer review process.

V.V. indicated that rate hearings were recently held at CID; the process was easy; serves a useful purpose on what goes into rate increases.

V.V. will be monitoring the mergers with Anthem and Cigna and Aetna and Humana. CT will be the chief site for regulatory purposes; when the filing goes in V.V. will monitor it.

V.V. discussed the Bylaws that were created and passed for and by the Advisory Board which includes attendance requirements. V.V. will have to make the next step under the Bylaws to notify the appointing party when not in compliance; she is obligated to regulate the Bylaws.

M.D. asked if we could send out an email with the attendance requirement.

V.V. stated that she keeps a tracking spreadsheet for attendance which is required by the Auditors. V.V. will give that the members.

V.V. thanked S.K. for doing the Annual Report which was due in April. She will send a reminder earlier next year.

V.V. also stated that the FY report is due September 1st and we will distribute that no later than September 1st to members.

V.V. motioned to adjourn. Seconded _____. Meeting adjourned at 12:51 pm.

7. Meeting adjourned at 12:34 pm